

Work Order ID 120563

120563

Page 1

Wednesday, June 04, 2014 3:08:38 PM

Item ID: D4635-143 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Aft Ceiling Replacement Panel Assembly, LH
 Start Date: 6/10/14 Start Qty: 1.00 *1* Cust Item ID:
 Required Date: 6/10/14 Req'd Qty: 1.00 *1* Customer:
 Reference:

Approvals: Process Plan: MLJ Date: 14-06-09 Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D4635	E

100

0.00

100

HandThermo

Memo

0.00

Hand Finishing Thermoforming

Pick Kit

① SAD 14/07/27

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		
<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Work Order ID 120563

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Item ID: D4635-143 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Aft Ceiling Replacement Panel Assembly, LH
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 Required Date: 6/10/14 Req'd Qty: 1.00 *1* Customer:
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Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
110		0.00							
110									
Small Fab	Memo	0.00							
Small Fab	Assemble as per Dwg D4635-143 Bond foam core to inside of panel 3M Scotch Weld 1300 Batch: <u>M129444</u> 1- Scuff bonding surface to eliminate in-perfections and increase bonding and clean with wash& wipe 2- Locate and glue down Channel Assy, angles, brackets, and mounting pads using 3M Plastic welder II.(see note 8) Batch # <u>M129001</u> Expiry Date <u>12/06/2014</u> 3- Apply labels as per Dwg. and seal with 3M 3950 edge sealer(see note 9) Batch: <u>M124725</u>								<u>QD SAD 14/07/17</u>
120	QC5- Inspect part completeness to step on W/O	0.00							
120									
QC	Memo	0.00							
Quality Control									

DAS
16
9-89 14/07/17

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WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: _____ Date: _____

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Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
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Transport									
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FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____
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 Start Date: 6/10/14 Start Qty: 1.00 ***1*** Cust Item ID:
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Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	Identify as per dwg & Stock Location: <u>ME</u>	0.00							
130									
Packaging	Memo	0.00							
Packaging									
140	QC21- Final Inspection - Work Order Release	0.00							
140									
QC	Memo	0.00							
Quality Control									

① SKD 14/02/19

14/7/21

4.7.21

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

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Page 1

Work Order ID: 120563

120563

Parent Item: D4635-143

D4635-143

Parent Item Name: Aft Ceiling Replacement Panel Assembly, LH

Start Date: 6/10/14

Required Date: 6/10/14

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev. A New Issue 13/02/05 DL verf:DD
Dwg Update 12/11/08 DL
13/07/09 DL verf:DD
13/12/23 DL
IPP Rev. B
IPP Rev. C Dwg. Update
IPP Rev D Dwg Update Add Foam

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4635-3 *D4635-3* Aft Ceiling Panel, LH		Manufactured <i>120827</i>	No			100	Each	2.0000	1	1		<i>SAJ 14/07/16</i>	
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				MF		2							
				119013		1							
				119014		1							
D4669-1 *D4669-1* Bracket		Manufactured	No			100	Each	26.0000	1	1		<i>SAJ 14/07/17</i>	
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				MF5		26							
				114597		26		<i>3117667</i>					
D4669-3 *D4669-3* Bracket		Manufactured	No			100	Each	29.0000	1	1		<i>SAJ 14/07/16</i>	
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				MF4		29							
				111991		29							

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

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Work Order ID: 120563

120563

Parent Item: D4635-143

D4635-143

Parent Item Name: Aft Ceiling Replacement Panel Assembly, LH

Start Date: 6/10/14

Required Date: 6/10/14

Start Qty: 1.00

Required Qty: 1.00

D4695-3

Manufactured No

100

Each

9.0000

1

1

D4695-3

Channel

SAD 14/07/17

Location

Loc Qty

Loc Code

MF1

9

113952

3

117672

6

D4732-1

Manufactured No

100

Each

10.0000

1

1

D4732-1

Label

SAD 14/07/17

Location

Loc Qty

Loc Code

MF4

10

111243

8

93269

2

D4732-13

Manufactured No

100

Each

10.0000

1

1

D4732-13

Label

SAD 14/07/17

Location

Loc Qty

Loc Code

MF4

10

111245

8

93251

2

D4732-37

Manufactured No

100

Each

10.0000

1

1

D4732-37

Label

SAD 14/07/17

Location

Loc Qty

Loc Code

ST122

10

111264

9

93402

1

Wednesday, June 04, 2014 3:08:37 PM

Shop Packet Print

Page 2

DQA: _____ Date: _____



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Picklist Print

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Page 3

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Parent Item: D4635-143

D4635-143

Parent Item Name: Aft Ceiling Replacement Panel Assembly, LH

Start Date: 6/10/14

Required Date: 6/10/14

Start Qty: 1.00

Required Qty: 1.00

D5022-3

Manufactured No

100

Each

12.0000

1

1

D5022-3

Foam, Side Panel, Aft

SMO 11/07/16

Location

Loc Qty

Loc Code

M-F

12

114048

1

116251

11

/

DQA: _____ Date: _____

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: _____ Date: _____

Work Order update only ☐

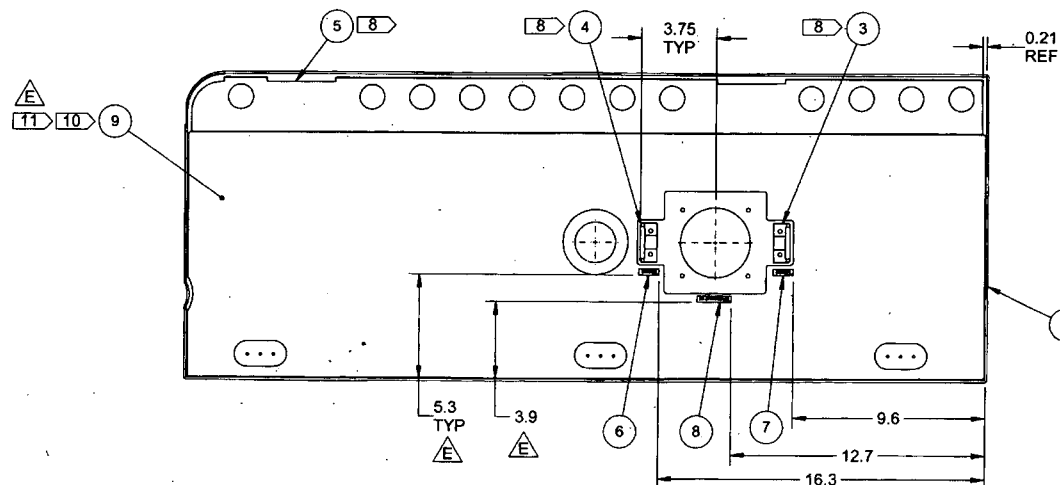
Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ITEM NO.	QTY. -143	PART NUMBER	DESCRIPTION
1	X	D4635-143	LH, AFT CEILING REPLACEMENT PANEL ASSY
2	1	D4635-3	LH, AFT CEILING PANEL
3	1	D4669-1	BRACKET
4	1	D4669-3	BRACKET
5	1	D4695-3	CHANNEL
9	1	D4732-1	LABEL
9	1	D4732-13	LABEL
9	1	D4732-37	LABEL
9	1	D5022-3	FOAM, SIDE PANEL, AFT, LH



D4635-143 LH, AFT CEILING REPLACEMENT PANEL ASSY

NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: N/A
- 8) APPLY A BEAD (0.20 TO 0.30 WIDE) OF DEVCON PLASTIC WELDER II (0.25 INSIDE OF BOTH EDGES OF PART) TO BOND D4669-1/-3 & D4695-3. WAIT FOR 2 TO 4 HOURS FOR FUNCTIONAL CURE
- 9) LOCATE LABELS AS SHOWN, SEAL LABELS USING 3950 EDGE SEALER OVER LABEL TOP SURFACE
- 10) APPLY AN EVEN COAT OF 3M SCOTCH WELD 1300L CONTACT ADHESIVE TO BOND D5022-3 FOAM CORE TO INSIDE OF PANEL
- 11) CENTER D5022-3 FOAM ON D4635-3

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 120563 M/LJ

140609

RELEASED
2014-01-22

DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	DC	DRAWING NO.	REV. E
MFG. APPR.	DC	D4635	SHEET 11 OF 18
APPROVED	AS	TITLE	SCALE
DE APPR.	AS	OUTBOARD CEILING PANELS	NTS
DATE	14.01.09	COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

Work Order ID 120645

June-09-14 2:38:01 PM

120645

Page 1

Item ID: D3537-1

Accept ☒

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Wearpad

Start Date: 6/09/14 Start Qty: 60.00

60

Cust Item ID:

Required Date: 6/20/14 Req'd Qty: 60.00

60

Customer:

Reference:

Approvals:

Process Plan: 

Date: _____

Tooling: _____

Date: _____

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Run Start ***NR1***

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set-Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
D3537	Rev C

105 0.00

105

Purchasing

Memo

0.00

Purchasing

ISSUE PO 24577
CUT PER DRWG D3537 REV.C

CL 14/106/1260

115

Receive & Inspect for Damage & Mat'l Certs

0.00

115

Packaging

Memo

0.00

Packaging

P 14/7/4 (60)

125

QC6: Inspect dimensions to drawing

0.00

125

QC

Memo

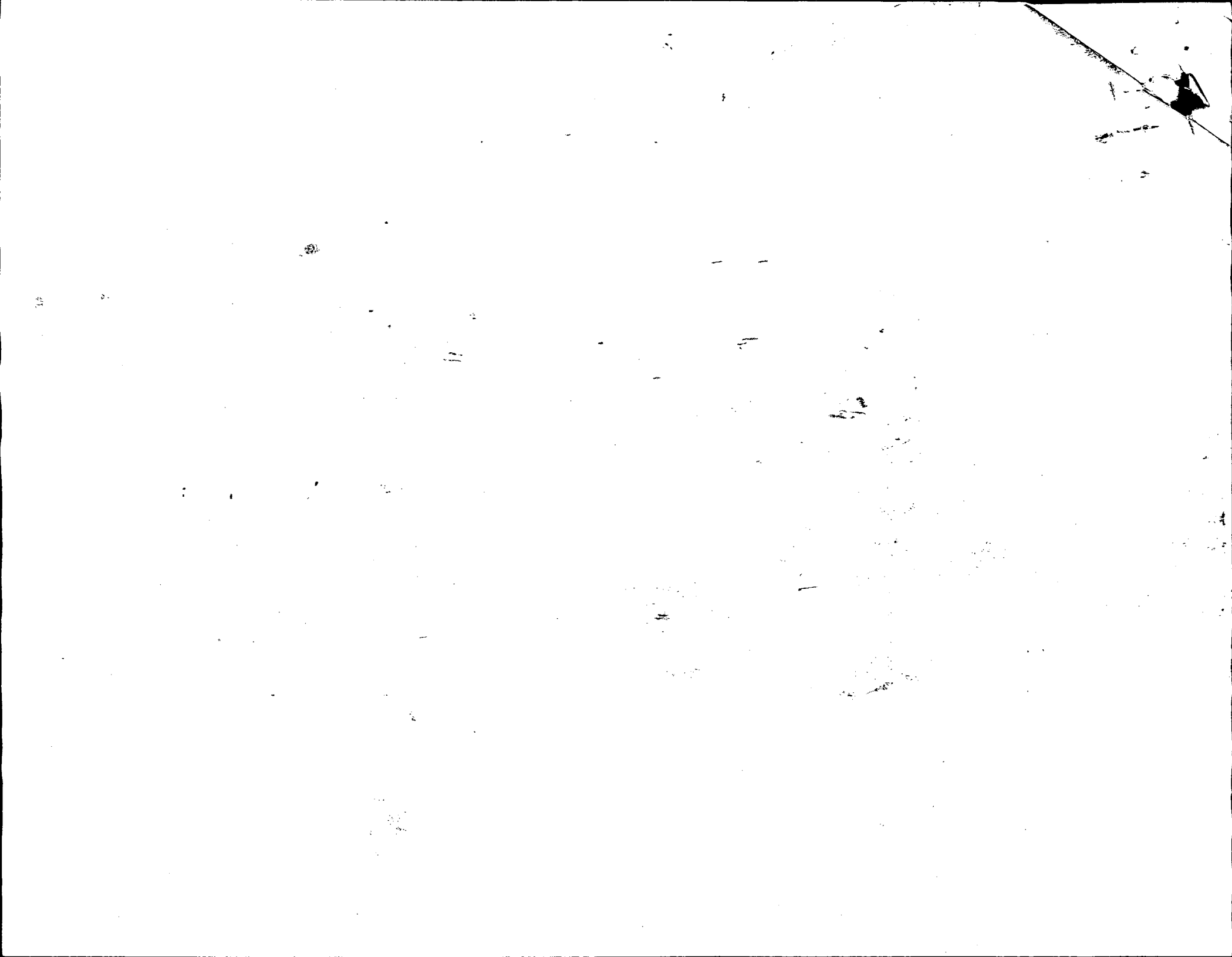
0.00

Quality Control

DAS
27
9-89

14/7/7

60
CL



DATE _____

Work Order ID 120645

120645

Page 4

June-09-14 2:38:01 PM

Item ID: D3537-1

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Wearpad

Start Date: 6/09/14 Start Qty: 60.00

60

Cust Item ID:

Required Date: 6/20/14 Req'd Qty: 60.00

60

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

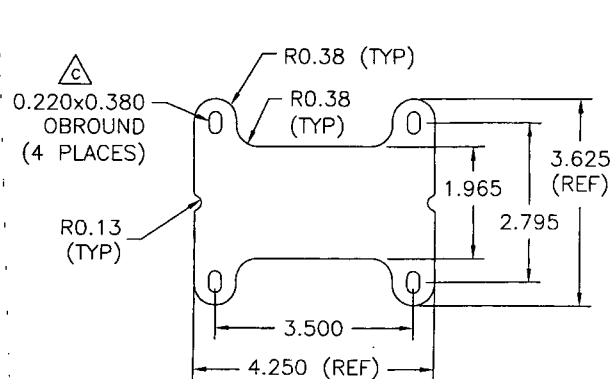
Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
190	Identify as per dwg & Stock Location: <u>FP-001</u>	0.00							
190									
Packaging	Memo	0.00							
Packaging									
200	QC21- Final Inspection - Work Order Release	0.00							
200									
QC	Memo	0.00							
Quality Control									

x60 f JH 1407/21

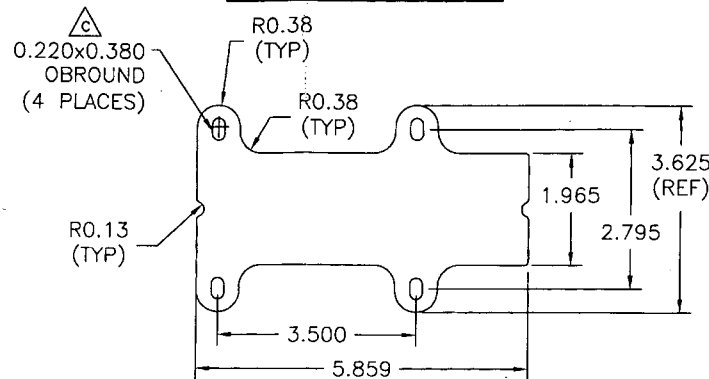
14/7/21 JH

JH 14.7.21

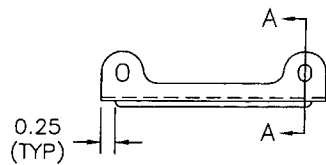
D3537-1F FLAT PATTERN



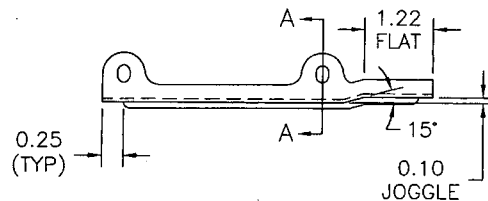
D3537-3F FLAT PATTERN



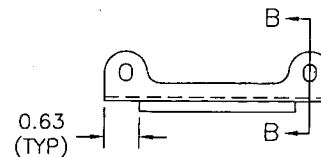
D3537-1 LONGITUDINAL BEND (MADE FROM D3537-1F)



D3537-3 LONGITUDINAL BEND (MADE FROM D3537-3F)



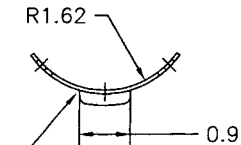
D3537-5 LONGITUDINAL BEND (MADE FROM D3537-1F)



D3537-1/-3/-5/-7 WEARPAD NOTES

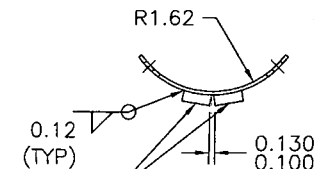
- 1) MATERIAL: AISI 304/316 SS SHEET PER AMS 5513 OR AMS 5524, 16 GAUGE (0.063 THICK)
(REF DART SPEC. M304S16GA)
- 2) BREAK ALL SHARP CORNERS 0.063 MAX
- 3) WELD PER QSI 004
- 4) FINISH: POWDER COAT GREY SANDTEX (4.3.5.6) PER QSI 005 4.3
- 5) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 6) ALL DIMENSIONS ARE IN INCHES

SECTION A-A



APPLY 2 LAYERS OF
2059B HARDCOAT WELDS
TO WITHIN 0.25 OF
WEARPAD ENDS
0.188 TO 0.250 THICK

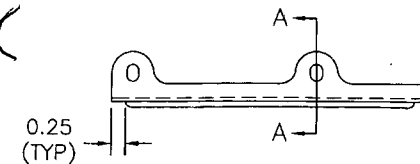
SECTION B-B



D2941-300
REMOVE POWDER
COAT FROM THESE
SURFACES

RELEASED
07.05.08 PM
PER ECU

D3537-7 LONGITUDINAL BEND (MADE FROM D3537-3F)



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C	07.04.13	WIDEN TAB TO 0.380, WELD PATTERN
B	07.03.20	ADD AMS 5513 AND AMS 5524
A	06.11.06	NEW ISSUE
DESIGN	C.B.	DRAWN BY PH
CHECKED	#	APPROVED #
DATE	07.04.13	TITLE WEARPAD
DRAWING NO.	D3537	REV. C
		SHEET 1 OF 1
		SCALE
		1:2

DART DART AEROSPACE USA, INC.
PORT HADLOCK, MA

T.P.I. INDUSTRIES INC.

148 GOODFELLOW
DELSON, QUÉBEC J5B 1V4
CANADA
Tel: (450) 633-0484
Fax: (450) 633-0879

Packing Slip

Packing Slip No.: 6177
Date: 2014-07-02
Page: 1

Sold to: Dart Aerospace Michael Grégoire 1270 Aberdeen Hawkesbury, Ontario K6A 1K7 Canada	Ship to: Dart Aerospace Michael Grégoire 1270 Aberdeen Hawkesbury, Ontario K6A 1K7 Canada
Order No.: 24577	Sold By: JONATHAN LESSARD
Shipped By:	Ship Date: 2014-07-02
Tracking No.:	

Item No.	Unit	Description	Quantity
d3564-5	Chaque	d3564-5	24
d3564-9	Chaque	d3564-9	24
d3564-11	Chaque	d3564-11	24
d3791-1	Chaque	d3791-1 wearpad	24
d3537-3	Chaque	d3537-3 wearpad	24
d3537-1	Chaque	d3537-1 wearpad	40
d3537-1	Chaque	d3537-1 wearpad	60
d3791-1	Chaque	d3791-1 wearpad	60
d2154	Chaque	d2154 bracket stud	20
d2144	Chaque	d2144 hinge doubler	40
d4095-045	Chaque	d4095-045 wearplate assy	40
d4095-043	Chaque	d4095-043	12
d4095-041	Chaque	d4095-041 wearplate assy	12
d3859-041	Chaque	d3859-041 wearplate	12
d4952-1	Chaque	d4952-1 wearplate	16
d4095-051	Chaque	d4095-051 wearplate assy	20
d4095-049	Chaque	d4095-049 wearpad	20
d4095-047	Chaque	d4095-047 wearplate assy	16
d4798-041	Chaque	d4798-041 wearplate assy	20
d4135-1	Chaque	d4135-1 wearpad	16
d4360-041	Chaque	d4360-041 wearplate assy	10
d2012-111	Chaque	d2012-111 bracket	8
d2324-5	Chaque	d2324-5 strap	40
d2947	Chaque	d2947 clamp	40
d3171-1	Chaque	d3171-1 angle bracket	60
d3463-3	Chaque	d3463-3 step	20
d3512-1	Chaque	d3512-1 wearplate	12
d3629-1	Chaque	d3629-1 bracket	16
d3955-5	Chaque	d3955-5 plate	20
d4021-5	Chaque	d4021-5 blanking plate	12
d3556-1	Chaque	d3556-1 clamp	40

Comment: Net / 30 from date of invoice 2% svc. chg. on invoices over 30 days

